

## Survey Week:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

(dates)

### Section III-1: Weekly Employee Survey Form Please read attached instructions before completing the survey

#### Employee Information

Name: \_\_\_\_\_  
First
Last

Employee I.D.#: \_\_\_\_\_ Dept./Section: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_ Miles to Worksite (one way): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

		Mon	Tue	Wed	Th	Fri	
Mode	Report Time	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	(circle AM or PM as applicable)
A. Drive Alone							
B. Motorcycle							
C. 2 person carpool							
D. 3 person carpool							
E. 4 person carpool							
F. 5 person carpool							
G. 6 person carpool							
H. Vanpool (7 to 15 persons) *							
I. Bus							
J. Rail/plane							
K. Walk							
L. Bicycle							
M. Electric vehicle (or other Zero Emission veh.)							
N. Telecommute (reduction of more than 50% of trip)							
O. Noncommuting							

#### Compressed Work Week Day(s) Off

P. 3/36 work week days off (2 days)					
Q. 4/40 work week day off (1 day)					
R. 9/80 work week day off (1 day)					

#### Other Days Off

S. Vacation					
T. Sick					
U. Other					

\*Complete Vanpool Riders Worksheet on reverse side